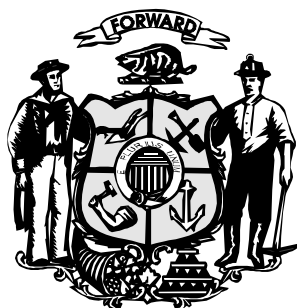


# *State of Wisconsin*

## **Document Sales & Distribution**



## **Order Form**

### **Ordering Information**

For the Document Sales Catalog

Last Updated January 7, 2003

Wisconsin Department of Administration  
Bureau of Document Services  
**Document Sales and Distribution**

Webpage: <http://www.doa.state.wi.us/section.asp?linkid=1>  
E-mail: [docsales@doa.state.wi.us](mailto:docsales@doa.state.wi.us)

## Wisconsin Department of Administration

### Document Sales and Distribution

#### Ordering Information

Before ordering please review our Document Sales Catalog for the latest information. You may obtain a catalog in many ways. You may call the Document Sales office and it can be sent to you. You may e-mail the Document Sales office at [docsales@doa.state.wi.us](mailto:docsales@doa.state.wi.us) and one can be e-mailed to you. Or you can find Document Sales Catalog on the Internet in either the MSWord format or the Adobe Acrobat Reader format. Then fill out a Document Sales Order form ([DOA-3330](#)), also available in either MSWord format or Adobe Acrobat on the Internet.

Prices shown in the sales catalog do not include sales tax. Wisconsin residents are required to pay 5% state sales tax, unless exempt by law. There will be an additional 0.5% county sales tax and a 0.1% or 0.5% stadium tax, where applicable, unless exempt by law. **Prices may change without notice.** Incorrectly filled out orders are subject to return and delay. Please, call if you need assistance (608-266-3358).

#### **CREDIT CARD ORDERS**

The Document Sales Section accepts Visa and MasterCard. You may call, U.S.P.S. mail, or fax your order. Telephone hours are 7:45 am through 4:30 pm Monday through Friday. If mailing or faxing a Document Sales Order Form [DOA-3330](#), (MSWord format or Adobe Acrobat) include the signature of the credit card holder and the expiration date indicated on the card.

#### **MONEY ORDER AND CHECK ORDERS**

Complete Document Sales Order form [DOA-3330](#) (MSWord format or Adobe Acrobat) and send with a money order or check payable to:

WI Department of Administration.

#### **STATE AGENCY ORDERS**

Complete Document Sales Order Form [DOA-3330](#) (MSWord format or Adobe Acrobat) and use U.S. or Inter-D mail to submit the order to our office. Please include a valid customer use code on the order form.

Mailing Address: Wisconsin Department of Administration  
Bureau of Document Services  
Document Sales & Distribution

Inter-D Address DOA / 202 S. Thornton Ave / (name) / DocSales /

Information: (608) 266-3358, or TTY (608) 264-8499

Phone Orders: (800) 362-7253 or (608) 264-9419

Fax: (608) 261-8150

Email: [docsales@doa.state.wi.us](mailto:docsales@doa.state.wi.us)

Web Site: [www.doa.state.wi.us/section.asp?linkid=1](http://www.doa.state.wi.us/section.asp?linkid=1)

Location: 202 South Thornton Avenue  
Madison, WI  
(One mile northeast of the State Capitol--just off East Washington Avenue)

Business Hours: 7:45 am to 4:30 pm Monday through Friday

**Ordered By:**

Organization's Name \_\_\_\_\_

P. O. Box \_\_\_\_\_

Daytime Telephone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name \_\_\_\_\_

Organization's Name \_\_\_\_\_

Street Address \_\_\_\_\_

P. O. Box \_\_\_\_\_

City, State and ZIP + 4 \_\_\_\_\_

DOA / 202 S. Thornton Ave / (name) / DocSales /

<b>State Government Customers Only</b>	
General Services Billing Information	
Customer Use Code	
Optional Data	
Optional Order Number	
Authorized Signature:	
<b>Credit Card Customers Only</b>	
Long Distance: 1-800-DOC SALE (362-7253) Local: 264-9419	
<ul style="list-style-type: none"> <li>Orders by phone are accepted when purchases are made with VISA or MasterCard</li> <li>Include credit card account number, signature, and credit card expiration date.</li> </ul>	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Credit Card Number	
Expiration Date (mm/dd/ccyy)	
Signature	

**Your order is subject to return if there are errors on the order form and/or an incorrect amount due was submitted. Please, call for assistance at (608) 266-3358.**

For Office Use Only	
Date (mm/dd/ccyy)	CSR
Order No.	Customer No.
Approval No.	New Exp. Date (mm/dd/ccyy)
Amount Paid	
Payment Type <input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> V/MC <input type="checkbox"/> GSBS <input type="checkbox"/> FR	

Last Updated: January 7, 2003